

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
h.d.
2010 JAN 19 AM 11:41

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT RICK OLSON TO HOUSE OF REPRESENTATIVES

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

RICK OLSON

Political Party (if applicable)

DEMOCRAT

Office Sought

HOUSE OF REPRESENTATION

District (if Senate or House)

68

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

15100

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 5380.91

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5325.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

10,705.91

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2544.62

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

8161.29

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT RICK OLSON TO HOUSE OF REPRESENTATIVES

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1/19/09	ID# 6429 CK# 2234	HEAVY HIGHWAY PAC 2415 INGERSOLL DES MOINES IA 50312		\$ 500 ⁰⁰	<input type="checkbox"/>
9/23/09	ID# 6113 CK# 4148	AFSCME COUNCIL 61 4320 N.W. SECOND AV DES MOINES IA 50313		500 ⁰⁰	<input type="checkbox"/>
10/12/09	ID# 6098 CK# 3661	IOWA BEVERAGE PAC 321 E WALNUT SUITE 310 DES MOINES IA 50309		500 ⁰⁰	<input type="checkbox"/>
10/20/09	ID# 6063 CK# 2321	IOWA DENTAL PAC 5530 W PARKWAY JOHNSTON, IA 50131		500 ⁰⁰	<input type="checkbox"/>
10/20/09	ID# 6063 CK# 2327	IOWA DENTAL PAC 5530 W PARKWAY JOHNSTON, IA 50131		100 ⁰⁰	<input type="checkbox"/>
11/15/09	ID# 6449 CK# 1550	GREAT PLAINS LABORERS PAC 5806 MEREDITH DR SUITE B DES MOINES IA 50322		500 ⁰⁰	<input type="checkbox"/>
11/12/09	ID# 6058 CK# 4563	IA CHIROPRACTIC SOCIETY 100 E GRAND SUITE 240 DES MOINES IA 50309		100 ⁰⁰	<input type="checkbox"/>
11/18/09	ID# 6429 CK# 2265	HEAVY HIGHWAY PAC 2415 INGERSOLL DES MOINES IA 50312		500 ⁰⁰	<input type="checkbox"/>
11/18/09	ID# 6070 CK# 3895	IOWA LAW PAC 625 E COURT AV DES MOINES IA 50309		250 ⁰⁰	<input type="checkbox"/>
11/27/09	ID# 6096 CK# 2165	MANUFACTURED HOUSING PAC 1400 DEAN DES MOINES IA 50311		250 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 3000 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT RICK OLSON TO HOUSE OF REPRESENTATIVES

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/18/09	ID# 6085 CK# 922	IA STATE BUILDING + CONSTRUCTION TRADES COUNCIL 110 10th NW ALBUQUERQUE, NM 80009		\$ 250.00	<input type="checkbox"/>
11/18/09	ID# 1736 CK# 5509	MAYNARD BOATWRIGHT 2331 E 39th CT DES MOINES IA 50317		50.00	<input type="checkbox"/>
11/18/09	ID# CK# 1405	FRED HASKINS 505 5th SUITE 729 DES MOINES IA 50309		25.00	<input type="checkbox"/>
11/18/09	ID# CK# 2363	JOHN PEDERSON 1075 44th DES MOINES IA 50311		100.00	<input type="checkbox"/>
12/10/09	ID# 6046 CK# 4568	JUSTICE FOR ALL PAC 505 5th AV SUITE 630 DES MOINES IA 50309		250.00	<input type="checkbox"/>
12/6/09	ID# 6067 CK# 4162	IOWA HEALTH PAC 1775 90th ST WEST DES MOINES IA 50266		200.00	<input type="checkbox"/>
12/17/09	ID# 9737 CK# 1185	IA HARNESS HORSEMAN ASSOC PAC PO BOX 07 CRINNELL IA 50112		250.00	<input type="checkbox"/>
12/10/09	ID# 6027 CK# 2794	JOHN DEERE PAC ONE JOHN DEERE PL MOLINE IL 61265		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1625.00

TOTAL (if last page of this schedule)

\$ 5325.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT RICK OLSON TO HOUSE OF REPRESENTATIVES

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/24/09	ID# CK# 1269	HOUSE TRUMAN FUND 1111 ARMY POST RD DES MOINES IA 50321	PARTY DONATION	\$ 1500.00
11/18/09	ID# CK# 1270	10 MEA + 504/5 1501 SE 1 ST DES MOINES IA 50315	FUND RAISER	50.00
12/16/09	ID# CK# 1271	RICK OLSON 3012 E 31 ST CT DES MOINES IA 50317	WASHINGTON DC TRAVEL EXPENSE TO AFSCM MEETING	989.62
12/31/09	ID# CK# NA	BANK OF AMERICA PO BOX 2518 TAMPA FL 33622	BANK FEES	5.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 2544.62

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)